CITY OF OWASSO

APPLICATION NO.
S T R
RECEIPT NO.

NOTE: Three copies of a sketch, plat of survey or other type of drawing that will accurately depict the proposed split MUST BE attached to this application.

LOT SPLIT APPLICATION

THE FOLLOWING INFORMATION IS TO BE SUPPLIED BY APPLICANT

NAME OF RECORD OWNER	WHAT IS THE PRESENT USE OF THE TRACT?

LEGAL DESCRIPTION OF EXISTING UNDIVIDED TRACT, THAT YOU PROPOSE TO SPLIT, AS SHOWN ON THE RECORD OF THE COUNTY CLERK.

FIRST TRACT TO BE CREATED	LEGAL DESCRIPTION OF PROPOSED TRACT	INST. RELEASED	SOURCE OF WATER SUPPLY FOR THIS TRACT CITY WELL OTHER	
			TYPE OF SEWAGE DISPOSAL TO BE AVAILABLE FOR THIS TRACT SEWER SEPTIC OTHER	
			STREET OR STREETS TRACT WILL FACE	
			PROPOSED USE OF THIS TRACT	LOT SIZE OF PROPOSED TRACT FT. X FT.
SECOND TRACT TO BE CREATED	LEGAL DESCRIPTION OF PROPOSED TRACT	INST. RELEASED	SOURCE OF WATER SUPPLY FOR THIS TRACT CITY WELL OTHER	
			TYPE OF SEWAGE DISPOSAL TO BE AVAILABLE FOR THIS TRACT SEWER SEPTIC OTHER	
			STREET OR STREETS TRACT WILL FACE	
			PROPOSED USE OF THIS TRACT	LOT SIZE OF PROPOSED TRACT FT. X FT.
THIRD TRACT TO BE CREATED	LEGAL DESCRIPTION OF PROPOSED TRACT	INST. RELEASED	SOURCE OF WATER SUPPLY FOR THIS TRACT CITY WELL OTHER	
			TYPE OF SEWAGE DISPOSAL TO BE AVAILABLE FOR THIS TRACT SEWER SEPTIC OTHER	
			STREET OR STREETS TRACT WILL FACE	
			PROPOSED USE OF THIS TRACT	LOT SIZE OF PROPOSED TRACT FT. X FT.
FOURTH TRACT TO BE CREATED	LEGAL DESCRIPTION OF PROPOSED TRACT	INST. RELEASED	SOURCE OF WATER SUPPLY FOR THIS TRACT CITY WELL OTHER	
			TYPE OF SEWAGE DISPOSAL TO BE AVAILABLE FOR THIS TRACT SEWER SEPTIC OTHER	
			STREET OR STREETS TRACT WILL FACE	
			PROPOSED USE OF THIS TRACT	LOT SIZE OF PROPOSED TRACT FT. X FT.

AS APPLICANT, WHAT IS YOUR INTEREST IN THIS PROPERTY?

☐ PRESENT OWNER ☐ PURCHASER ☐ ATTORNEY FOR OWNER ☐ OTHER

	NAME	ADDRESS	PHONE
If other than present owner, give name, address and phone number of present owner.			
I certify that this information is true and correct.	NAME	ADDRESS	PHONE

FOR COMMISSION USE

L. NO.	LOCATION CODE S. T. R.	SUBDIVISION NAME	
ZONING REQUIREMENT	MAJOR STREET PLAN REQUIREMENT	UTILITY EASEMENT NEEDS	HEALTH DEPT. NEEDS

ACTION RECOMMENDED TO THE PLANNING COMMISSION	ACTION TAKEN BY THE PLANNING COMMISSION	DATE	CONDITION: